



DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
GUAM BOARD OF BARBERING AND COSMETOLOGY

Mailing: 123 Chalan Kareta, Mangilao, GU 96913
Physical: 194 Hernan Cortez Ave, Ste 213, Hagatna, GU 96910
www.dphss.guam.gov • Ph.: 1.671.735.7410 • Fax: 1.671.735.7413



APPRENTICE CHECKLIST

☐ Cosmetologist ☐ Manicurist ☐ Barber ☐ Esthetician ☐ Instructor

Name of Applicant: _____

Date Application Submitted: _____

1. _____ Completed and notarized Application
2. _____ Two 2 ½ x 2 ½ Photo (Must be within the last 90 days and white background – signed and date on the back)
3. _____ Photo ID with date of birth or certified copy of birth certificate
4. _____ Three (3) letters of reference of good moral character addressed to the Board containing the complete legal name of the individual making the reference, with his/her mailing address, residential address, place of employment and telephone numbers.
5. _____ Police Clearance (Within the last 12 months)
6. _____ Agreement to Supervise (GBOC-11)
7. _____ Payment Fee of \$20.00
8. _____ Must be over sixteen (16) years of age
9. _____ Completed technical instruction, a minimum of **1,300 hours in barbering or 1,300 hours in cosmetology**, and a minimum number of practical operations for each subject as specified in Board regulations for courses taught in schools approved by the Board

BOARD MEMBER SIGNATURE	ACTION	DATE	COMMENTS
	Approved/Disapproved		
	Approved/Disapproved		
	Approved/Disapproved		
	Approved/Disapproved		



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APPLICATION FOR LICENSURE

INSTRUCTIONS: Please check (✓) one of the following:

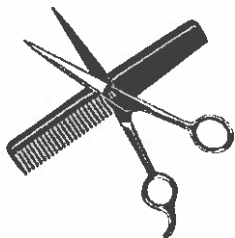
- ☐ Apprentice Cosmetologist ☐ Apprentice Manicurist ☐ Apprentice Barber 1 (No Chemical)
☐ Apprentice Esthetician ☐ Apprentice Instructor

Please type or print (black or blue ink only). Incomplete applications will NOT be processed.

1. Full Legal Name: _____
2. Other Names, if any: _____
3. Residential Address: _____
4. Mailing Address: _____
5. Email Address: _____
6. Place of Birth: _____ Date of Birth: _____
7. Social Security #: _____ No. of Years on Guam: _____
8. Telephone Nos: Home: _____ Work: _____ Cell: _____
9. List any Cosmetologist/Barber License(s) held, where obtained and expiration date(s):

A	B
Expiration Date:	Expiration Date:

10. Name and Address of High School: _____
11. Date of Graduation: _____
12. List any formal education and/or training. Include address and certificates obtained.



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13. List any work experience you wish to be considered in the field of Cosmetology.

Salon _____

Address _____

Hours Worked _____

Name of Supervisor _____

14. Place of intended Employment: _____

15. Have you ever been arrested for, charged with, or convicted of any violation of the Cosmetology/Barber Law?

☐ Yes ☐ No

Is yes, please explain _____

16. Has any prior Cosmetologist/Barber etc. License been suspended or revoked? ☐ Yes ☐ No

If yes, please explain: _____

I DECLARE UNDER PENALTY OF PERJURY, THAT THE FOREGOING IS TRUE AND CORRECT.

Signature

Date

Subscribes and sworn to before me this _____ day of _____, 20____.

SEAL

Notary Public



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AGREEMENT TO SUPERVISE APPRENTICE

The applicant below is applying for certificate to practice as an **APPRENTICE** in Guam. Please provide the following information and return **directly** to the Board at the above address.

Public Law 30-152, Section 18121 states: "An apprentice may do any or all of the acts for which the apprentice is licensed only in the licensed cosmetological establishment and under the supervision and employment of a licensee approved by the Board."

PART A: TO BE COMPLETED BY THE APPLICANT

1. Name: _____

2. Previous Name: _____

I hereby authorize release of information to the Guam Board of Barbering and Cosmetology relative to certification as an apprentice

Signature

Date

AGREEMENT TO SUPERVISE

PART B: TO BE COMPLETED BY SUPERVISOR

1. Name of Supervisor: _____

License Number: _____

Address: _____

2. Name of Cosmetological Establishment: _____

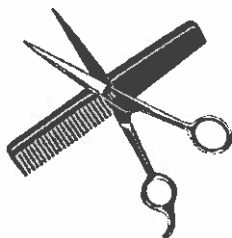
Establishment License No: _____

Address: _____

I hereby agree to assume responsibility for supervision of the above named individual and will notify the Board of my desire to discontinue such supervision.

Signature

Date



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RECORD OF PAYMENT

I. IDENTIFICATION

Name: _____

Mailing Address: _____

Email Address: _____ Phone Number: _____

Signature: _____ Date: _____

II. Verification of Licensure: Please print the complete name used on original license and your social security number

Name: _____ Social Security Number: _____

III. Fee: Pursuant to P.L. 25-188 Section 18124, The Board shall promulgate rules and regulations to charge for fees for examination, licensure and renewal of licensure and Penalties, as appropriate, in accordance with the Administrative Adjudication Law.

1. () Examination and Registration as a Cosmetologist, Electrologist, Manicurist, or Esthetician	\$ 20.00
2. () Re-Examination as a Cosmetologist, Electrologist, Manicurist, or Esthetician	\$ 10.00
3. () Examination and Registration as an Instructor	\$ 20.00
4. () Re-Examination and Registration as an Instructor	\$ 10.00
5. () Renewal of Certificates	\$ 4.00
6. () Cosmetological Establishment License and Certificate	\$ 20.00
7. () Renewal of Cosmetological Establishment License	\$ 4.00
8. () School of Cosmetology License and Certificate	\$ 100.00
9. () Renewal of School of Cosmetology License and Certificate	\$ 25.00
10. () Photocopy of record per page	\$ 1.00
11. () Initial Application Fee for Japanese Cosmetologist (P.L.30-152 / §18115.1)	\$ 200.00
12. () Annual Special License Fee for Japanese Cosmetologist (P.L.30-152 / §18115.1)	\$ 800.00
13. () Late Renewal Fee.....	\$ 20.00

NOTE: All checks and money order must be made payable to “**Treasurer of Guam**”. Present this form with payment to the Cashier at Public Health of Treasurer of Guam Office then return the processed form to GBBC. Off-island applicants, return this form with your payment to GBBC at the above address. **ALL LICENSES/CERTIFICATES ARE NON-TRANSFERRABLE. ALL FEES ARE NON-REFUNDABLE.**

FOR OFFICE USE ONLY: Form of Payment: ☐ Cash ☐ Check ☐ Money Order ☐ Credit Card

Field Receipt # _____ Date Paid: _____



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IV. IDENTIFICATION

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Email Address: _____
Signature: _____

CASHIER COPY

V. Verification of Licensure: Please print the complete name used on original license and your social security number

Name: _____ Social Security Number: _____

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